RI SOS Filing Number: 202564481800 Date: 2/11/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 05 2025
BY

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
140868	SIMON SAYZ FIT IT, INC.

3. Principal Office Address	City	State	Zip
86 Brandon Road	Cranston	RI	02910

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236115	Residential General Contractor
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Simon Reyes			Vice-President Name: Dominic Reyes		
Street Address: 86 Brandon Road			Street Address: 86 Brandon Road		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
Secretary Name: Dennissem Reyes			Treasurer Name: Natalia Milagros Reyes		
Street Address: 86 Brandon Road			Street Address: 86 Brandon Road		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Simon Reyes			Director Name: Dominic Reyes		
Street Address: 86 Brandon Road			Street Address: 86 Brandon Road		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
Director Name: Natalia Milagros Reyes			Director Name: Dennissem Reyes		
Street Address: 86 Brandon Road			Street Address: 86 Brandon Road		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	No Par Value

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Simon Reyes	1/29/25

Signature of Authorized Representative: Simon Reyes

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023